# P24000055677

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600433174726

TILED

MOLANG 29 MM 9: 47

SECRETATION SEE, FL



#### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## incserv

#### **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 8/29/2024

PRIORITY

Regular Approval

OUR REF # (Order ID#) 128

2 128125

ORDER ENTITY

HIND NAAMI, PA

#### PLEASE PERFORM THE FOLLOWING SERVICES:

HIND NAAMI, PA (FL)

New corp filing

NOTES:

\$70.00 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

### **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Hind N	laami, PA		
<del></del>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	<u>ÜDE SUFFIX</u> )
			La alexale Com
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	1 a check for:
<b>≥</b> \$70.00	□ \$78.75	□ \$78.75	□ \$87.50 글□
Filing Fee	Filing Fee	Filing Fee	Filing Fee
Č	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificaté o
		ADDITIONAL CO	Status SSC
		ADDITIONAL CO	)PY REQUIRED:
			L.
FROM: Jo	pel Marcus		
	Nam	e (Printed or typed)	
67	6 W Prospect Road		
	O VV F TOSPECT TOBO	Address	
Fo	ort Lauderdale, FL 33309		
<u> </u>		, State & Zip	
	-		
95	54-566-8513		
	Daytime	Telephone number	
:	araunana@uahaa aam		
<u>}m</u>	arcuscpa@yahoo.com	ed for future annual report	notification)
	teman address, 100 OC us	ca co, faculo minuae (CDC) (	DOMESTIC CONTROL OF THE PERSON

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

1331	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailin	Mailing address, if different is:	
0 SW 22nd Street				
ie#FL-33317				
ICLE III PURF ourpose for which	the corporation is organized is: Dentis	stry		
			HA H	
			AF	
• • •			25.4 25.4 10.1	
April 10 m			mos.	
			T A I	
TCLE IV SHAR	RES 100			
number of shares of	of stock is:	<del></del>		
 ICLE V INIT	IAL OFFICERS AND/OR DIRECTOR.			
 ICLE V INIT	IAL OFFICERS AND/OR DIRECTOR.			
TCLE V INIT	IAL OFFICERS AND/OR DIRECTOR.	nt Name and Title:		
TCLE V INIT	IAL OFFICERS AND/OR DIRECTOR. tle: Hind Naami, DMD- Preside 7170 SW 22nd Street	nt Name and Title:		
Name and Ti	IAL OFFICERS AND/OR DIRECTOR. tle: Hind Naami, DMD- Preside 7170 SW 22nd Street Davie, FL 33317	nt Name and Title: Address:		
Name and Ti	IAL OFFICERS AND/OR DIRECTOR. tle: Hind Naami, DMD- Preside 7170 SW 22nd Street	nt Name and Title: Address:		
Name and Ti	IAL OFFICERS AND/OR DIRECTOR. tle: Hind Naami, DMD- Preside 7170 SW 22nd Street Davie, FL 33317	Name and Title: Address:  Name and Title:		
Name and Tit Address  Name and Tit Address	IAL OFFICERS AND/OR DIRECTOR. tle: Hind Naami, DMD- Preside 7170 SW 22nd Street Davie, FL 33317	Name and Title:  Address:  Name and Title:  Address:		
Name and Ti Address Name and Tit	IAL OFFICERS AND/OR DIRECTOR. tle: Hind Naami, DMD- Preside 7170 SW 22nd Street Davie, FL 33317	Name and Title:  Address:  Name and Title:  Address:		
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Name and Tit Address  Name and Tit Address  Name and Tit	IAL OFFICERS AND/OR DIRECTOR. tle: Hind Naami, DMD- Preside 7170 SW 22nd Street Davie, FL 33317	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Name and Title:		
Name and Ti Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTOR. tle: Hind Naami, DMD- Preside 7170 SW 22nd Street Davie, FL 33317	Name and Title:  Address:  Name and Title:  Address:  Name and Title:  Name and Title:		

Nama	d Title:	Name and Title:	
Address			
ARTICLE VI = The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptab	le) of the registered agent is:	2021
Name:	Hind Naami, DMD		2024 AUG
Address:	7170 SW 22nd Street		29
	Davie, FL 33317		1,772.78
<del>-</del>	INCORPORATOR		M 9: LT SSEE, FL
<del></del>	ddress of the Incorporator is: Hind Naami, DMD		
Name:	7170 SW 22nd Street	<del></del>	
Addiess.	Davie, FL 33317		
Effective date, if	EFFECTIVE DATE:  fother than the date of filing:  date is listed, the date must be specific and o	(OPTIONAL) annot be more than five days p	rior or 90 days after the
the document's Having been not	e inserted in this block does not meet the applieffective date on the Department of State's recomed as registered agent to accept service of professibility with and accept the appointment as re	ords. cess for the above stated corporation	on at the place designated in this
Hirl	Required Signature/Registered Agen		8 27 24 Date
I submit this do document to the	cument and affirm that the facts stated herei. Department of State constitutes a third degree	n are true. I am aware that the f felony as provided for in s.817.15	alse information submitted in a 5, F.S.
Required Signal	nure/Incorporator	D	ate /